

DAMAGE ASSESSMENT FIELD FORM - Individual AssistanceSITE ID# County Vehicle ID-Team Lead Initial-IA site # (ex. 1A-CM-IA001)

TEAM LEAD NAME

E-MAIL

PHONE #

DAMAGE DESCRIPTION**Use this section for Homes**

First Name

Last Name

Home Phone

Cell Phone

Residence Address, City and Zip code

<input type="checkbox"/> Renter	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Renters Ins	<input type="checkbox"/> EQ Ins	Deductible
<input type="checkbox"/> Owner	<input type="checkbox"/> Vacation Home/Other	<input type="checkbox"/> Ins	<input type="checkbox"/> Flood Ins	\$ <input type="text"/>

Is the home habitable? ☐ Yes ☐ No# of people living in home **Use this section to Report Farm & Business losses**

Name of Business

Owner or Point of Contact

First Name

Last Name

Phone

Cell Phone

Point of Contacts Mailing Address: Include city, state, zip code

Is the Business open? ☐ Yes ☐ NoNumber of Days Closed Insurance ☐ Structure ☐ Content ☐ EQ ☐ Flood \$ DeductiblePre-Disaster Value \$ Structure \$ Contents \$ Select one ☐ Inaccessible ☐ Affected ☐ Minor ☐ Major ☐ Destroyed

Description of the Cause and Damage

Impact to the Jurisdiction

Inspector Comments